



ACCOUNTS PAYABLE VENDOR ACH AUTHORIZATION AGREEMENT

ACH is an electronic fund transfer made between banks and credit unions across the Automated Clearing House network. In filling out and signing this agreement, you acknowledge the following:

- ❖ You are hereby authorizing *Madison County*, a Government Entity, to initiate deposits for payments due to your organization into your checking account listed below. You also authorize *Madison County* to initiate withdrawals from your checking account in the event an error was made.
- ❖ You agree not to hold *Madison County* responsible for any delay or loss of funds due to incorrect or incomplete information supplied by you or your financial institution or due to an error on the part of your financial institution in depositing funds to your account.
- ❖ You understand that this agreement will remain in effect until *Madison County* receives a written notice of cancellation from you or your financial institution, or until you submit a new ACH payment authorization agreement to the *Madison County Finance Department*.

Account Info			
Agreement Type:	Account Type:	Name of Vendor: _____	You will receive notification via email of each deposit made into your account.
New	Checking	Name of Financial Institution: _____	
Change	Savings	Routing Number: _____	
		Account Number: _____	

Signature	
Authorized Signature: _____	
Title: _____ Date: _____	
Email for deposit notifications: _____	
Please include the email address you would like Madison County to use to send deposit notifications above.	

Please return completed and signed form to:

Angela Berry – Accounts Payable Technician
Madison County
414 N Main Street, PO Box 705
Madison, Virginia 22727
accountspayable@madisonco.virginia.gov